

Marketing  
With Gilly Woodhouse

- APM: I'm in London this evening, and I'm going to be talking to Gilly Woodhouse. Now if you're an osteopath, you can't fail to have come across Gilly, because she's all over osteopathic networks. She was at the IO convention this year. And her business is actually called Osteobiz. She is a marketing guru, and she's particularly hot on social media. She's actually a farmer's daughter from Shropshire. She's had a background in credit control, where she tells me she's actually saved a law firm over a million pounds one year, but I'm sure we can forgive her for that. She's worked in retail, she's sold sausages, she sold sausages to the British embassy in Greece on the occasion of the Queen's 80th birthday, one of her jubilees, one of those things like that. But she has a particular connection with osteopathy, and this is Gilly Woodhouse. Gilly, welcome to our studio this evening.
- GW: Hi.
- APM: As I said, you've got a connection to osteopathy, so tell us about that briefly.
- GW: Yes, so I was living in Greece, as you just mentioned, with my children.
- APM: Selling sausages.
- GW: Selling sausages, yes.
- APM: Selling sausages is putting it somewhat mildly, she had a business in Greece selling all sorts of food to a variety of different organisations, not just sausages. There was the marketing and selling, which is very relevant to this evening.
- GW: My youngest son Toby, had cancer when he was a baby, but he was all fine, and he was 12, and his brother was 14, we were out there, Toby was scooting up and down olive trees, and everything was fine. And he got ill, we ended up in hospital, and it turned out that he was in serious heart failure, and he then had a stroke, whilst we were in there. So basically,
- APM: At what age?
- GW: 12.
- APM: Gosh.
- GW: Yeah, it was pretty catastrophic. So I had to get him back home to Great Ormond Street who helped him the first time. In doing so, reconnected with my buddies back at home, one of those was Anne Wright, my osteopath from before. And she started to treat him, and he was in a pretty poor state, and on a lot of drugs trying to support his heart, while they got him stable. And she started giving him some treatments, and he started to get a lot better. So this was working out really well, it meant we could wait longer for a transplant to let him be, you know, past puberty, which was

important. Meantime, she said I don't suppose you'd be interested in a little part-time job with our teaching faculty, would you, working from home? And I went, yes, that'd fit very nicely with what I'm doing. So I started doing their marketing for their CPD courses for cranial osteopathy, this was the Rollin Becker Institute. I found that I got a little bit behind with modern marketing techniques online and so on. So I started putting myself through courses, and reading books, and just absorbing everything I can get my hands on, and I really started to get into it, and whilst on the courses, I would start talking to the delegates, who said, oh I'm struggling to get patients, and I was like, ooh, try this, try that. And before I knew it, I'd woken up one morning with Osteobiz in my head, and I started thinking, I've gotta do this.

APM: The reason I mention all that is because it's fantastic that you've developed the interest in osteopathy, and I know that there are an awful lot of osteopaths who are very grateful for that, as well, because you've helped a huge number of osteopaths. But the fact is that marketing is marketing, and social media is social media, so what you do is just as relevant to a chiropractor or physiotherapist, a sports therapist, or anybody else in our business, it's relevant to anybody in any business, but of course you've got a particular talent for making it more relevant to the physical therapies, haven't you?

GW: Yeah, exactly. The same techniques and strategies work for all of them, yeah.

APM: Is your business all about social media, or are you doing marketing generally for people?

GW: Yeah, more marketing generally as well, what they could be doing to look after their patient list, as well, so yeah.

APM: Nurturing their clients, yeah.

GW: Exactly.

APM: We could spend a month talking about marketing without a break probably. We're going to focus on social media today. Why is it important?

GW: Well it's not going away. It's free. And there are billions of people on social media, so you know, they're all around you. You don't have to spend any money, you can spend very little, and with the farming background, we like low cost or no cost. I just think it's a fantastic way of building relationships online, helping people to understand how you can help them, drip feeding, so they're not just landing on a cold website.

APM: As a general principle, that's probably a really good one, isn't it, that you can't expect results from one blog post, one Facebook post, or anything like that, the drip feed is really important, isn't it, because it's probably why print ads are so ineffective for physical therapists, 'cause unless you hit someone when they need you, they'll forget about that ad within 10 minutes, and the same applies to, well there's more to it with social media, isn't there, it's not just about hitting them when they're ready for you, it's about building that relationship.

GW: Absolutely.

APM: What do you mean by social media, though? Because I instinctively think of Facebook and I wince, I flinch, every time I think of Facebook. So what do you mean by social media?

GW: You're not the only one to flinch

APM: I'm doing my Tony Blair hands again, aren't I. Gilly told me about this at the beginning, she said Tony Blair did this, and it was because he was telling lies, I'm like, this says I'm interested in what's coming next.

GW: Let's all do it.

APM: I'll start doing this one instead.

GW: Yes, I think it's really important, because you can build those relationships, and help people to understand how any kind of physical therapy might be a better idea for them than just drugs.

APM: But what constitutes social media, what are the outlets we've got available to us?

GW: Well there's LinkedIn, there's Twitter, there's now Instagram, which is huge, Facebook, of course, Pinterest is less important now, it was quite busy, but I think Instagram's taken over from there.

APM: Would you include blog posts in social media as well?

GW: I would say that it's a thing you can use on social media, but not so much that it is social media, no.

APM: Is Facebook still on the up, or is it sort of stagnated and giving way to something else?

GW: I think it is still on the up, because they're very, very clever there. As far as Facebook ads go, you can target people down to the tiniest pool. But Instagram is very, very, very big at the moment, but it's more, tends to be more for the younger set, generally, as Facebook's more--

APM: I am not a complete social media numpty, but I have never, ever used Instagram. What happens on Instagram? Is that the one where you put a picture up and it disappears after 24 hours?

GW: That's Snapchat.

APM: Oh, that's Snapchat okay.

GW: Yeah, I don't use Instagram myself actually, because I think when you're marketing yourself, if you spread yourself too thin over too many platforms, it's just exhausting and actually nothing really works for you, so generally, my target audience are on Facebook, Twitter, LinkedIn, so that's where I remain. I may change my strategies as I go, and go onto Instagram, as well.

APM: When you say your strategies and your target audience, you mean the target audience for the person you're working for, the osteopath, or the chiropractor, or whoever else.

GW: Yeah.

APM: Okay. That's quite a telling expression, isn't it, the target audience, because there isn't a single target audience for any of us, because there are old people, young people, female people, male people, injured people, sportsmen, couch potatoes,

and presumably you can't send the same message to all of them and expect to capture their attention.

GW: No, exactly, and that's where a lot of people make that mistake, they're sort of calling out, hello everybody, anybody, I can help you, and unfortunately that message just goes straight over everyone's heads, it's not targeted, so they don't hear it, because there's so much noise online and offline now, we have to filter out most of it.

APM: Well that, yeah again, I mean that's really important, isn't it, and every business that does any form of advertising of any sort, particularly online advertising or email advertising, getting through that spam barrier is very difficult. And that's not just the electronic spam barrier in the computer, it's the spam barrier in all our minds, as well. When you see something with whatever it is that turns you off. What do you want to talk about first, do you want to talk about Facebook first?

GW: Can do, yeah.

APM: Okay, so Facebook isn't just a single thing, is it? There's lots of different strands to Facebook that you can use for marketing.

GW: Well, I'm not quite sure what you mean by that.

APM: Well, I mean there are posts, and there are groups, and there's Facebook Live, and there's Facebook ads, all of those are a different way of getting to your audience.

GW: So the key thing's to have a business page.

APM: Easy to do?

GW: Yep, you just build it off of the back of your own personal profile.

APM: So you've gotta have one of those first of all?

GW: Yep. Tragically for some, they hate it.

APM: Well yeah, and you know, I speak to a lot of osteopaths, and dare I say the older generation of osteopaths, like myself, who don't particularly care for Facebook, because we do remember when it was just a, I've had a nice cup of coffee platform, and now it's everywhere, and it is overwhelming, and so it puts a lot of us off. But we mustn't overlook the fact that it can still be a useful means to get to people.

GW: It's a fantastic tool

APM: So you've gotta start with a personal page, personal profile, which again is easy to set up.

GW: You don't have to friend anyone if you don't want to, but you do need to start with that, and then build the business page off the back of that. What I often see is people using a personal page for business, which is a huge no-no.

APM: Why is that?

GW: Facebook don't allow it. And if they spot one, they'll take it down. So if you've got 500 friends, rather than followers, people who like your page, you've lost 500 people just like that.

APM: Now you have lost me, friends as opposed to followers?

GW: Yeah, so your business page, people like your page, and sort of follow you. And on your personal page, they friend you.

APM: So if we're talking about friends, it's on a personal page, if they're followers, then it's your business page.

GW: Yeah, they like your page.

APM: Are there people out there who are using a personal page for business simply because they don't know any better, or are they trying to beat the system in some way?

GW: Probably a bit of both, there's probably some and some, I would say. I think some just don't know that they might lose their page and all the connections they've got on there, and they'd have to start from scratch.

APM: What is it that Facebook would object to on a personal page then?

GW: I think they've just built it as a different platform. They show more of your personal stuff to your friends, and they want to show less business stuff in your newsfeed, which is fair enough, because we don't all want business posts left, right, and center and we don't know what auntie's up to.

APM: So if I'm in my personal Facebook page, I have no idea how to operate my personal Facebook page, I have my personal assistant, also known as my wife, who does that for me because I can't be bothered. But on my personal page, if I were to post latest dietary recommendations from the government, say blah, blah, blah, blah, isn't this fantastic, that would be alright, wouldn't it?

GW: Yeah, yeah.

APM: If I say at the clinic today we've got a special offer on frozen shoulder, or some other such nonsense, that presumably would then stray over the boundary for Facebook.

GW: I mean I do share some of my stuff from my business page to my personal page because a lot of people have friended me and I made a decision early on that that was fine. You either say, no, this is my personal space, I've locked down my page, and I don't want to be friends with people I work with. But I decided to go the other way, 'cause I'm friendly like that. So I will sometimes share over to my page, but I'm not actually posting on my page as such, generally I'll just share it back from my business page, so my friends who are osteos see it.

APM: And the younger generation of people watching this will all know what you're talking about in terms of sharing things between the platforms, that's fairly self-evident when you get in there, isn't it, how you do that. Okay right, well getting back to this, you've set up a business page, where do you go from there?

GW: So you need to be posting on it. I recommend a couple of times a day, and this is where knowing who you're targeting, I call them perfect patient rather than ideal client, because that doesn't mean quite the same.

APM: A lot of people use this expressions, avatars, don't they for the--

GW: Yes, avatars, too, but that's quite cold. So I use perfect patient, and a lot of people initially will scream and say, no, I'm not choosing. We will eventually shake it down to, you know, they like treating the elderly, or they like treating sports injuries in particular. It doesn't mean that they turn away the sort of bread-and-butter bad backs that hobble in through the door, it just means that the time you spend on your marketing is focused and actually brings some results rather than the crawling into the deep, dark hole.

APM: Twice a day is an awful lot of time to devote to getting onto bloody social media, isn't it?

GW: Yes, but, you can use tools such as Buffer or Hootsuite, and you can schedule, so you could maybe--

APM: That's one of the questions off my list, right, Hootsuite.

GW: Yeah, I quite like Buffer because it's dead easy to use, so for people who are less techy, and a lot of physical therapists are not so techy, and that's easier to use. And it just means you could spend maybe an hour, and just get a whole lot of posts scheduled to go out for the next two weeks, three weeks, job done. It's a good idea to pop into your page every day or two, just in case someone has said, oh, can you tell me more about that, or something, you need to be building that relationship by always answering when someone's commented.

APM: Is that likely to become a problem?

GW: I don't think so, I think people don't comment a lot, but if it's something that's quiet intriguing, then there might be a little flurry of comments, which is great, because then you're starting to build those relationships, so then they'll ask that silly question that before they might have been embarrassed to ask, because like, doesn't everybody know the answer to this? So then they'll say, do you also treat ankles?

APM: It sounds to me as though the business of responding to comments on your business page posts could be delegated.

GW: It could be. The main thing is to maintain that personality of the core person, or of the clinic generally. So as long as that's kind of maintained, and you want a nice, sort of friendly approach, because it is social media, after all, so it needs to be quite friendly. But yes, it can be, within the practice moreso I would advise rather than to outside companies who can't respond like you could.

APM: If you've got a business page, presumably it has less of a personal feel than than a personal page, though, doesn't it, because if you are the Wellingborough Wellness Clinic, that's a clinic, it's not a person, so it could be one of any number of people who are posting. Or do people expect it to be a single person?

GW: I think it's nice if you can make it, you know, say it's John here, that posts something. So people get to know the characters. Often, there's just sort of the main principal doing it, so then you would know it was them. But yeah, it's important that you do get some personality coming through, and some character, and people know who you are. I see a lot of pages where there's a logo, and there's no indication who is behind this page, so I'm not gonna book to come and see you, because I don't even know who you are, I don't even know what your name is, there's just a logo.



APM: Well that's a useful thing to pass on, isn't it, how much of your own personality do you need to put in, how much do you need to share about yourself, rather than simply sending out useful health facts to people?

GW: Yeah, I think that line has to be drawn where you're comfortable. So some of the younger ones are happy to share all kinds of stuff, and be really open. And then there's some others who aren't happy with that, comfortable to do that. They need to draw that boundary quite close to themselves, but you can still share some personality without showing pictures of your kids or anything. You can keep as much as you want private, but just to show some character is helpful.

APM: We've got a question here, which was actually sent in several days ago, by an osteopath who is also a friend, called Monica. And Monica says, and I'm gonna quote her message to me, I have a business Facebook page, and was under the impression that if people liked me, then every time I post something, they would get that, it seems no one does. I had several people check my settings, and they're all okay, so why are people not getting her posts?

GW: Because of what I mentioned earlier, how we wouldn't want to see loads of business posts coming through our newsfeed all the time, and not know what our friends are doing. So the algorithm, which changes all the time,

APM: This is Facebook--

GW: Yeah, yeah, it's very complex. They will only show your post to around five to 10 percent of your likers, if you want to call them that. But, when it's a particularly good post, and people are responding to it, and maybe it's getting shared, or there's comments, or likes, they'll show it to a few more. So you'll get better reach, we call it, on a post that's actually sort of hitting the target really well.

APM: So, for Monica's benefit, for this, actually that Facebook, that business page post, is only gonna go to five percent of the people who liked your page, which means, well you can do the math yourself, because I don't know how many people have liked the page, but that's a small number, and that presumably, they won't necessarily see it, they've gotta look at Facebook and scroll to that particular bit where that post is.

GW: Yes, so when they're on the bus going home, they'll be going through the phone, and it'll come through the newsfeed, or they might've missed it from before, which is the other reason why not everyone will see it, because there's too many posts to go back through.

APM: Well how do we improve on that? If only five percent of people are going to see a post on a business page, this is now sounding like, you know there's a lot of work going into this to deliver some useful content, but not many people are seeing it, so how do we improve on it?

GW: Repost it.

APM: Easily done?

GW: Yeah, just upload it again.

APM: Facebook doesn't mind that?

GW: No, no, and I mean, most people know about my story about Toby and osteopathy and everything, and yet, I'll occasionally get someone who I've been friendly with for a long time, done some work with, who I said, you know the story about Toby well, and they've gone, no. So despite me putting that blog post out about hundreds of times at least, at least actually, he hasn't seen it, so didn't even know that. So because you're not reaching everybody with everything, you can't physically do that, then you can repost stuff.

APM: At the risk of being, sort of dragging us out of our thread of conversation here, I need to turn to some of the questions that have come in, so if I could just go back to, I'm gonna take us away from Facebook just for a minute, because somebody has asked us, and I haven't got a name for this question, or if you do care to leave your name, it makes life a lot more fun for us, and a lot more personal but feel free to be anonymous if you wish, could you give a brief overview of how you advise us to use each sort of social media. What's the difference, why would we use Twitter, Instagram, Facebook, LinkedIn, etc.? What's the relative merits of each?

GW: Well the bottom line is you need to be where your potential patients are, the ones you're trying to target. So there's no point being on LinkedIn if you're looking for mums and babies, 'cause they're not there, so you're completely wasting your time. So LinkedIn--

APM: I heard somebody say recently that actually LinkedIn is now becoming so much more about people just advertising, that it's almost lost its purpose as a business connections platform.

GW: It still works as a business connection, I mean I've got about 3,000 worldwide osteopaths I'm connected to on there, so it's really good for me. People get jobs on there, etc., it's probably less so for therapists generally, and frankly, the place is as dry as grandma's elbow.

APM: Never heard that expression before. But anyway, simple advice then is if you've gotta prioritize things, LinkedIn goes to the bottom of the pile or somewhere near it?

GW: Yeah, unless if you're in the city, and you're surrounded by professional people, then it's probably a good idea. But if you're surrounded by farmers, there's no point.

APM: Twitter?

GW: Twitter is, it's an interesting one, that one's got 500 million tweets going through the newsfeed every day, so it's a busy, it's the superhighway of social media, and there probably will come a time when they'll do what Facebook had to do and get an algorithm to reduce that down, because they just, they're gone within 20 minutes now, gone too far down to get them back.

APM: Well that's right, I was gonna say if you're not looking at the screen when it pops up on Twitter, you're unlikely to see it at all, because there are just so many.

GW: You could post a lot on Twitter, because, you know, again, it's going so quickly. But that's quite handy for connecting with local minor celebs, footballers maybe, or the people in the local football teams, if that's the way you're going, cycling groups, the wall climbing places, gyms, PTs, other people that you want to connect with, it's quite a good place. And I've found it excellent for conversation more than anywhere else. So people will retweet something of yours, and then they'll come back and say thanks for the RT. Somehow, because it's a little bit more personal between you, it seems easier to get a conversation going. So I have connected with a lot of clients



on there actually, more so probably than anywhere else, but I still need to be in the other two places.

APM: And the nice thing is about, I can't speak for Buffer, but I know that Hootsuite can control your Twitter and your Facebook feeds, can't it, so you can schedule your posts between the two, you can write stuff days, weeks in advance if you want to, and tell it when to send them out. Although I imagine, it's still quite important to be topical, so if there's something in the news right now well then you should be out there saying whatever's relevant to the business.

GW: And on hashtag and Instagram, in particular, did I say hashtag, on Twitter and Instagram, you should be hashtagging those topical things, yeah, to help you get seen.

APM: Is it sensible just to latch onto someone else's hashtag, or is it worth creating your own hashtag for something if you haven't seen it already?

GW: Well I created my own, Osteobiz.

APM: But if we're talking about a topical story?

GW: But yeah, a topical story, you'd use the hashtags that are being used really. The only other way you can use 'em, which I do sometimes, is with a little bit of irony, like just my luck or something, you know, you could hashtag that.

APM: If you do that, the only people who are going to see it is somebody who's decided they've got an interest in hashtag just my luck, though, aren't they?

GW: Yeah, that's just ironic then, but if it was World Osteopathy Day, then someone might search the hashtag to see what all the different conversations are, if they're interested.

APM: And of course, if they see your post, and you've got a tag in it, they look for that tag, then they will see all the rest of the conversations related to that topic, won't they, which is helpful. You mentioned Instagram, you said you don't use Instagram. Is there a role for it in physical therapy, do you think? Or should it be down at the bottom of the pile really?

GW: Well, it depends, I think again it's where your target audience are. It's a very visual platform, so it's all about lots of images and short videos, so you know you've got to be creating quite a lot of content for that.

APM: But there are, I don't know if the theme of the moment is osteoarthritis, then there are plenty of images available that one can upload to inform an audience about what osteoarthritis is and what a therapist can do about it. So maybe there is an avenue there, although that avenue's still there with Facebook, as well, isn't it? So we've done that, that's most of the social media platforms, isn't it, the relevant ones.

GW: The main ones, yeah.

APM: And I'm guessing from what you said, that your top priority would be Facebook, then Twitter, and then maybe Instagram, and not LinkedIn at all.

GW: Yeah, depending on,

APM: Well, you've gotta prioritize your time, haven't you.

GW: Yeah, you have, because otherwise it's just exhausting, and what happens is that people just dump the whole business, and don't do any of it. So you know, if you're gonna do something, I would suggest just do Facebook.

APM: But the key is you have to do something, don't you? And it's not good enough to get onto Facebook and post once, you've got to stick with it for a while.

GW: I go back sometimes, and I'm constantly looking at different pages, and I'll find no one's posted anything since last May, last year. It's like, oh no.

APM: Which is doubly bad, isn't it, because not only have you got no fresh content constantly going out to your audience, but if someone looks at that page, they think, oh gosh.

GW: Have they gone under?

APM: Yeah, have they gone under, have they disappeared, is this an open page, is there anything going on at all, so you need something with a fresh date on it at least. Within your clients, without naming any names, what are the common mistakes made by people trying to use Facebook effectively? Other than not posting.

GW: Not posting is one, yeah. Another one is sort of trying to be too professional. Things that are being posted are really aimed at their peers, rather than to their potential patients. So it can be very stiff, and you know quite a turn off, no one's gonna take any notice of it, so it's pointless, really. So you know the whole point is to be, yes, be an expert, but also be personable as well.

APM: Yeah, and presumably, again it all comes down to what you said earlier on of knowing your target audience, doesn't it? And there will be people in your audience, maybe professional sportsmen who want to be talked to, spoken to in a certain way with maybe a certain degree of medical professional terminology, when there will be some mums out there, who want things in much more layman's terms, perhaps. And you presumably have to tailor for both those audiences. You can post both things, but not all at the same time.

GW: Yeah, you would need to tailor it, yes, tailor that post for those particular people. Yeah, rather than just putting it out there thinking it's going to speak to both of those audiences, because they're completely different.

APM: We've had more questions, and I'm kind of hogging the airtime, I'm gonna read them out. I'll read this one first. Again, another anonymous questioner, are they all too shy out there? I've heard many social media gurus in the past state that you need to post engaging content two to three times a day for it to be effective, where and how can you locate all of these audience-grabbing posts if you don't have hours for you to search for it all? That's a good point, isn't it? Because I'm sure given the time, we can all think of interesting things to post, but if you're doing it in the few minutes you've got between patients each day, or scheduling it one evening on Twitter on Hootsuite, you know, where do you quickly get the information for you to send out?

GW: Well I think that's it, if you can build up some content, so I like my clients to schedule two times, half hour a week for marketing, and make it sacrosanct, ring fence it, that's when I do that, because that's the problem, when people get busy, that's the thing that goes, marketing disappears, and suddenly we're back in the boom-and-bust cycle, where we've got no bookings. Yeah, I know it can be a problem, but

once, it's a bit like driving a car, you've gotta put some gas in there and you've gotta accelerate, and then once you've got up through the gears, and you're just cruising, you've got all this stuff, you can repost it, you can, if there's something topical going on, you can obviously pop on there and just write something. If you've got a no-show, use that time, write a blog.

APM: We're talking here about how you schedule your time to deal with Facebook, how do we find the material to put into the posts during that time? Are there platforms that can deliver us that sort of stuff, and we can just pick and choose?

GW: I don't think it's gonna work as well, because you've got an encyclopaedic brain there, with so much information in that you can share. One thing I encourage my clients to do is to have a marketing book on their desk. And when they hear symptoms, problems, etc., here, I say to them just go up one, listen to their complaints, what's this problem stopping them from doing? What can't they do anymore? What would they like to be doing? And if you can just hear that, I know it's difficult because you're sort of computing from what you hear, but scribble it in the book, and then when you've got your half hour, you've got a whole raft of ideas there. Oh, you know, the older generation, you might say to them, are you unable to pick your children up anymore? Because of the back pain. Or have you had to give up golf?

APM: One of my favourites, which I'm sure most people will recognise is that it's my favourite, because it was a symptom of mine many years ago, is people who can't turn their head to the right in order to look behind when they're driving the car, which a lot of people will overlook until it's drawn to their attention, this is a fixable problem, but it's something which you really notice if you're driving, as most people do. I'm really pleased you said that, 'cause that's a really useful tool, because normally we'd say we've got a frozen shoulder, you've got a sprained calf, you've got a pain in your knee, but if you say, you're having trouble climbing the stairs, you're having trouble picking your children up, can you not brush your hair, and things like that, that brings it much more home to what the patient's thinking, 'cause they won't be thinking about the cause, they'll be thinking about the problem that they've got. So often, we market to ourselves, don't we, we don't think about how the avatar, the perfect patient, will be thinking.

GW: I say, sort of plunk them in the chair there. You know what generally they're having trouble with, and then write stuff that points directly to them.

APM: I've often thought, I've got two tips myself for people. First of all, and I'll ask your opinion on this one, because it's quite useful to look at the Daily Mail online site, because the Daily Mail, whatever one thinks of the Daily Mail, and I'm not giving my opinion away here, actually have got quite a lot on their health pages, haven't they? So there will be problems in there, which are topical because lots of people have got it, or topical because a celebrity's got it, are things that you can then connect to on your Facebook posts, is that a good idea?

GW: Yeah, but I would urge you to write your own stuff. So just use that as a trigger, you know, oh that's a good idea. I do that all the time, I see something, and I think, ooh, that's a good idea, and then I write something on it.

APM: And the other thing I always suggest and I don't know if you may well have come across this osteopathic practice, but you should look at Cram Osteopaths in Dundee, I think they are, where Michael Brown and Joanna Cram, his wife, they post very frequently on their blog page, and by email on current health care issues. Now, obviously you can't copy what they say word for word, and you might wanna

put your own slant on it, you would want to put your own slant on it, but it's really useful to see what they're doing, because they're really effective at it, and I hope Michael wouldn't mind me passing that on, because my office is in Dundee and my home, but I listen to all, receive all their posts, and it's very useful. Useful advice and it's a spur to help us do our marketing, as well.

GW: Yeah, exactly, you can take that as a hint, you know, and say, right, how could I spin that to my people? But it's just there's a whole load of ideas if you just have a look out there that you could slant to your target audience.

APM: I asked you what the sort of mistakes that people were making in their social media marketing, their Facebook marketing. What are the sort of good things that they're doing?

GW: Giving really good advice, just really simple stuff, but really effective, you know, what sort of stretches you could be doing for desk jockeys such as me, who spend far too long sitting, and end up seeing my osteopath every month because I sit too much. So stretches and things are really good, great advice, I've got a few slides of some different examples.

APM: Well let's have a look at some, yes, show us, I know you only brought good ones, because you didn't want to shame the wicked.

GW: No, I didn't. I did look quite hard, but I didn't find anything really bad that I could delete the name from.

APM: Okay, so where should we start?

GW: Right, so I've got here one that says, Happy Friday, make it a good one. And I think just good wishes, it's just pleasant, people like that. I put something out every single morning on Twitter and I get a lot of retweets from that, just from let's buy something for someone special today, or just something really, just a kind thought, really. And they go down well. In this particular example, it's got a heart, so it's sort of more eye-catching.

APM: And to see, this is exactly the sort of thing that I hate about Facebook and Twitter, but I have to remember I'm not marketing to me, I'm marketing to people who do like to see hearts in their messages, and they do like to see Happy Friday messages, however silly that may sound. So it's worth considering doing things that you wouldn't normally do if you were talking to your peers or whoever else.

GW: Yeah, it's just social, I mean you always gotta think bringing it back to social.

APM: But you do that on Twitter, would you, this one that we're seeing at the moment?

GW: Yes, and Facebook I'd do that on as well, not on LinkedIn, though.

APM: But what you're showing us is a slide with a heart in it, now to do that on Twitter means you've gotta send a photograph, and I thought that was just 140 characters on Twitter, so--

GW: You can upload a photograph as well, it doesn't affect, it used to affect the characters, but it doesn't now, so you can create memes, as they call them, like that, with try out different texts and make something.

APM: I bet there's a hashtag Happy Friday, though, somewhere as well.

GW: Probably.

APM: Okay, so that's just a general message to make people feel warm and fuzzy. In fact, let's go back to basics here, what is the point of doing all this? I mean, obviously, the ultimate point is we want people to come through our doors and when they need help come to see us. So what is the point of posting at all on Twitter and Facebook, what are we trying to achieve?

GW: Again, it's just that light touch connecting with people. It's not, book in now, come and see me now, it's no heavy selling, it's just being friendly. And moreso on Twitter I find, you could tag people, I give out my Awesome Awards every Friday, and I tag a whole bunch of people who've been interacting with me in the week, and I send that out, and they like that, they retweet it on again. So they may be, their friends who are also therapists may see those, and might think, oh, I'll follow her, so it mushrooms, so you could tag a few people on there that you connected to.

APM: Well presumably, you could tag patients, with their consent, you could tag patients of the week, someone who'd done particularly well, or even if it's an achievement in their private life rather than in their medical progress. Yeah, okay, so we've got our Happy Friday, what else would you suggest is a good thing to do? Love your body with lots of hearts again.

GW: Yeah, lots of hearts, all about the hearts.

APM: Anything pink.

GW: Yeah, see, it's very eye-catching, though, because when you're spinning through your newsfeed, you need something to attract your attention, so people who are bored on the bus going home, they're flicking through, it's like what's gonna get their attention, that will get their attention, and then here Monica's giving some basic advice about getting exercise, eating well, drinking plenty of water, so she's giving some advice there, but in a gentle way, she's not preachy and it's a lovely slide that just gets your attention.

APM: How did she make that slide?

GW: She may have gone to PicMonkey, or she might have gone to Canva, and you can make them.

APM: Alright, so they're easy to do, are they? And uploading that slide to Facebook along with the text is dead easy once you're in there?

GW: Yeah.

APM: Right. And five percent of your followers are going to see it?

GW: Five to 10, and you know, something like that might get shared on, that's the thing, 'cause that's what you're after really is to get things shared on, so that that person, who's connected to 200, 300, 400 other people, some of them will get to see it, so it does mushroom out and you make, if people see some of her things like that, they might say, oh, I'm gonna like her page, 'cause I'm liking what she's sending through, and she's a great example, because she sends fantastic stuff through.

APM: So we should all go and like her page, so we get her posts, and then we'll know what we should be doing ourselves.

GW: Sorry Monica.

APM: I love this next one.

GW: So this is a crazy banana that came through my newsfeed earlier in the week, and just made me laugh. So there's a bit of reassurance going on here, so it's a funny image which will just get people, you know, stopping and looking at it.

APM: You didn't make that on Canva or the other thing, surely. Is that a stock image?

GW: It may well be, actually, yeah. You've got to be a bit careful with those that you're not breaching.

APM: Just to be clear on that, there will be some people who don't know what stock images are like, what stock images are about, Stock images come from companies who have a vast array, generally it's gonna be istockphoto.com, which is Getty images now, and they sell them with a license that you can use them in your own posts, and the licenses don't cost that much money, but it means that you get high-quality pictures that you can put into posts like Facebook or elsewhere. You have to be careful, because a lot of them really do look like stock images, and I think the public recognise a stock image, you know, the ones of a bunch of businessmen sitting happily around the table having a meeting, you know instantly that's a stock image, whereas the person peering out of a banana, yes, you know, it's stock image, but it's a funny one, so it's worth it.

GW: It's a funny one, yeah.

APM: So they're worth looking at, but whatever you do, do not use one of those images without permission, and don't prowl the internet and look for images on your favourite subject and screen grab it, and put it out there, 'cause trust me, you will get caught, I've been caught, inadvertently doing, I didn't do it deliberately, but I did get caught, because they're all laced with tracing pixels, so the people who copyright they are can actually track their work. Sorry, I went off on a tangent there, but it is important, isn't it?

GW: Yes it is, because I know Getty Images are very hot on that, and they'll come after you for two grand for using one of their photos. Take your own photos is the answer.

APM: Well, yeah, it is, isn't it? Your own photos and your own videos. The other thing, I've mentioned this on one of our broadcasts before, one thing you do need to remember, if you're gonna be taking your photographs, and I deliberately brought my phone for this, you need your phone that way around, not that way around, because if you post a picture taken that way around, you'll have the pillar box lines down the side of it, but that's the size of a screen on most computers, so do it that way around, especially for video, that's very important.

GW: Good advice.

APM: I think. Oh yeah, these are things that we've fallen foul on so many times.

GW: Yeah, so I just like that, because it's using humour, and it's also reassuring.

APM: And would that particular osteopath, whoever it was that posted that, would they be using a similar theme? Would they be using several of the bananas in a sequence



to get people to sort of keep on watching to see what the banana did next, do you think?

GW: No, but she does use a lot of humour, and so her personality really comes through. And you really get to have a sense of what she's like.

APM: Well that's important, isn't it? Because people, I'm one of those who'll go a long way for something that makes me laugh. So if you put some humour in there, and people think, well if I keep following this person every day, I'm gonna get something that makes me chuckle, then you're likely to get more followers and shares, I'd have thought.

GW: Yeah, and exactly that, exactly that.

APM: Right, so where are we now? Oh gosh, sorry, I wasn't, we're moving on--

GW: Well, if you want to. So I've got a meet the osteopath image there, which I think this is what's really important, because this is very nicely done, there's a picture of a happy smiley osteopath person, human being, not just a logo. I'm always saying people buy people, all my clients go, I know what you're gonna say, people buy people rather than this sort of bland professional nothingness.

APM: Well it's logical, isn't it, because you know, if you put yourself in the position of your potential patient, not your current patients, it's comforting if you actually know what the person looks like before you go, if you know what the practice looks like, how you're gonna be met when you get inside. It can make you feel warm and fuzzy before you get there, whereas the impersonal posts are likely to make you think, well, I don't know this person, but I know that one, I'll go there.

GW: This is it, we need to go through the know, like, trust process, and that process is gonna take longer with physical therapy, because, as I'm always saying, you're asking someone to go into a small room with you, remove some of their clothing perhaps, lie on a plinth, be manipulated and manhandled, and then you have to hand over some cash. So that's a big stretch for a lot of people. Some people will go through that process very quickly, but a nice smiling image of you and friendly posts and great advice are gonna get them through that process fast.

APM: A lot of the purpose of what we're doing here is to build that relationship you talked about earlier on, it's to sell the person rather than the business, and the solution to the problem. It's here I am, I'm a nice person.

GW: Yeah, and I think we've all looked at pictures of someone there, stiffly standing there, and you kind of think, oooh, I'm not sure about you, because we scan, obviously, our brains scan very fast and make a decision, a gut decision, about whether we like the look of that person or not.

APM: Let me come back to some other observations. Oh, somebody sent in that Shutterstock is also good for images, which I should have mentioned, yeah, Shutterstock, I think, and iStockPhoto are probably the two key stock image providers at the moment, so thank you for that, whoever sent that in.

GW: And Pixabay is free.

APM: With a little smiley face at the end of their comment, thank you. How important are avatars is the question that's next on my little list here.

GW: I think if you want your marketing to work really well, it is important to know who you're talking to, understand them inside out, what their problems are, what they're dealing with, the fact they're getting no sleep, the fact that they've had to give up one of their favourite hobbies, the fact that they're putting up with pain and they don't know that they don't have to, so really getting to know who they are, then your marketing's gonna work much better for you.

APM: How would you do that? Because obviously you don't know who they are until they come through the door, so how do you work out what your avatars are?

GW: You sort of pull together those people you already see, and kind of say, well their general traits are, you know, they're putting up with pain, they're on tablets, they're not sleeping, they're not moving much because it hurts, and you can get that, so then you can speak all of that back to them, and say, are you not sleeping too well because of the pain, and what are they gonna do? Nod, yeah, that's me.

APM: I've heard it said before, it'd be interesting to hear your opinion on this, that it is worth writing down a number of specific avatars, rather than saying, someone who's got pain, or someone who's not sleeping, saying this is a 35-year-old mother with three children, still at home looking after the children, suffering from the sort of problems that you get after having various children, struggling to fit time, and struggling to get sleep, and all that sort, so that's one that you're gonna focus on and send out posts that are aimed particularly at that, whereas another avatar might be the 70-year-old arthritic chap who's trying to remain active, doesn't know how to do it, he's worried about putting on extra weight, because he's not active, and you can develop this as much as you like,

GW: Yeah, and then you might have another type, who is a sporty guy, he's in the team on Saturday, he does not want to be on the benches, he wants to be out there scoring goals. So then you tackle his ego. Do you want to be sitting on the benches. or do you want your injury better quicker?

APM: So now we've got at least three different types of posts that are going out.

GW: And you're speaking very differently to all three of those.

APM: But it would be a mistake to mix up all the things into the same post, you know say, do you wanna be scoring goals--

GW: Yet again, yeah, shouting down the deep, dark hole.

APM: Let me see what else we've got in here. Someone says what are avatars? Well you tell us Gilly, we mentioned it a minute ago.

GW: Yeah so it's, we call it ideal client, or ideal customer, but because you're in therapy, it's better to say perfect patient I think, well I like alliteration anyway. So you know, which, and you don't have to exclude all others as I said earlier, you can, you know you might want to put some time and effort into one type of person, like the mum with the child that doesn't stop crying, or whatever, and focus on them for two, three, four months, and just build up that side of your practice, and then you might concentrate on a different one, but even if you do one or two, just make sure the posts really speak to that person, so when they see it, it resonates.

APM: Fiona has been sitting on the edge of her seat, I think, because she sent this question in, or this observation in, I don't know yet, 'cause it's a very long one, some time ago, but I'll read this one out for you, because it is about Facebook. But Fiona

says, a few years ago, I had a business Facebook. One patient linked into it after a treatment for her acute neck pain, she always calls me a witch. A friend of hers joined in and slagged me off big time, only fit to treat horse, not human-qualified. The patient stood up for me, but meantime my associate pressed like, so other person knew we saw it, so then started making personal comments, in fact, when I checked his notes he got better in one treatment from me. I closed the account the next day, how could that negativity, that's a really good question. Because you do leave yourself open to negative comments on all these things, don't you? Because you can't stop people posting on your Facebook page, or commenting on your Facebook page, can you?

GW: You can, but it kind of, yeah, but it would kind of negate the whole business of creating those relationships. You can block a person from your page. And you can talk to Facebook and say, look, this is really unfair. You know if they've given you one star and slagged you off, it's a really unfair thing. And you can ask to have it taken down. If it's clearly malicious.

APM: Yes, Facebook would probably argue that it's not clearly malicious when someone says you're only fit to treat horses, not humans, 'cause they might say that, not saying that's true, Fiona please, but what they might be saying is that, well, we don't know, maybe you did do a bad treatment, and they're perfectly entitled to have their opinion on this. So it might be difficult to get them to do that.

GW: I think that the main thing is to say, I'm really very sorry that you feel like this, I thought that you'd had a good treatment, but I'd very much like to talk to you about it, do call me, and then leave it at that. If they start with just, I think with all these kind of arguments, it's better just to leave it then, but you have at least acknowledged it as a professional this time, but then I wouldn't get into any kind of argument online at all.

APM: And presumably if you have a large enough following, then you're likely to get people who are fans to make their own comments, saying Fiona is brilliant.

GW: I've always found Fiona fantastic, yeah, exactly.

APM: I've got a comment here from Claire, my floor manager and wife, makes it sound like she washes the floors. We did a really simple avatar creation thing in our own clinic, and discovered that all of them walked dogs, I don't know how useful that is, but it's a useful connection, isn't it?

GW: Yes, so you can do lots of posts about dogs. Are you feeling a bit ruff today?

APM: I bet you can get some good stock images for that, as well, funny ones.

GW: Yeah, I've made a few of those.

APM: Would a Facebook post ever go to somebody that hadn't, somebody's moving my questions around, would a, stop it, whoever's doing it. Would a Facebook post ever go to somebody that hadn't liked my page? For example, people in the local area, or only the five to 10 percent of people who have liked my page?

GW: Yeah, only the people who have liked your page. Unless someone shared it on, then you know, I did have someone who did an amazing post, it got shared on by a lot of people, and shared on, and shared on, and he kind of got in touch with me and said, help, this has gone too far for me, I can't keep control of it anymore. And I said, it doesn't really matter because, that's gone out to your local area and their friends,

and they've gone a bit further out, but if they think you're that fantastic, they'll drive. I've got one client whose patient, new patient said he would drive 80 miles to come and see him. But then if it goes out further, yes, they're probably not gonna come and see you, but you're still doing the profession, you know, a good turn.

APM: I think it's probably worth thinking about that negativity thing a little bit, it's just occurred to me while I was talking to Gilly there that we sometimes dwell too much on this negativity thing, and that actually what we really need to reflect on is that the positive stuff is so much more significant and valuable in our social media posts and activity, and that occasional negative post will probably be seen for what it is, which is just sour grapes for somebody.

GW: Yeah, I wouldn't dwell on it.

APM: I'm sorry, I got back off the subject, didn't I.

GW: No, no, but that's

APM: But I think it's an important thing to say.

GW: It is important to say, and I think you just got to focus on the positive. That's certainly what I do.

APM: Well Fiona says it's too late for her, 'cause she shut it down anyway.

GW: You could start another one, though.

APM: Would you say that it would be a mistake in business not to be using Facebook?

GW: Probably. Look, if you're only treating people in old folks homes, then you know, you might not. But then you're probably targeting their children who are on there, or their grandchildren who are on there. To say, you know, is one of your parents in a home and struggling with pain? So you would still use it for that, so pretty much I'd say, yeah, you need to be on there.

APM: Because it is so all-embracing, so popular, omnipresent, I mean it seems to me that you're missing a real trick if you don't use Facebook to some extent in your business, and for a lot of old fogies like me, of course, that's difficult, but I do recognise the power of this platform, because it is everywhere, isn't it? We've talked about Facebook posts so far, what about Facebook groups?

GW: Well I think from a marketing point of view, it's useful to go and join some local groups that are of the type that your perfect patients inhabit.

APM: What is a group?

GW: It's just someone would have started up, you know, the local cycling group, so fans of that will go join it. They might have events and things going on, so I've joined several osteo groups, CPD groups and so on, so now and again, I'll just give a little bit of advice if someone's asking for something. Or occasionally, I will pop in, as I have this week at a special offer, an early bird. So the key is a light touch in groups, not to be going posting and sell, sell, sell stuff, because that's gonna get you thrown out, or you'll just be labeled as a nuisance.

APM: I was thinking about it from the other perspective, of starting a group, because contrary to what happens in posts, everything you put into a Facebook group will go to everybody who's in that group, I believe. So if you get

GW: More so.

APM: local interest in whatever it is you're doing, and presumably it will be information about health care, and other stuff like this, and again, not selling, just putting up interesting stuff, maybe treated an interesting condition in the clinic today, blah, blah, blah, is that a worthwhile thing to do, or is that too difficult when you're looking to get patients interested?

GW: I think it might work for some who want to put the effort in, but groups can be very time-consuming. So you've got people wanting to join all the time, and you know, are you going to filter those people in any way?

APM: You can chuck 'em out afterwards if they're making useless comments.

GW: Yes, you could, but then,

APM: But you've still gotta watch it to see that they are.

GW: Yeah, and you've gotta be posting something in there regularly, or they're all gonna leave anyway, because it just doesn't do anything.

APM: But isn't the nice thing about a group that the people in the group will have conversations between themselves, as well, on a particular topic. So you don't have to be the sole contributor to a conversation. So worth considering or is it just too much?

GW: Yeah, well I've started a group, hashtag OsteopathyWorks, because you know, I'm using the hashtag, and I thought I'd get everyone in as a really positive place for people to come and say, ask questions, and get other people's input, not just mine, I mean I put my ideas in, but then, there'll be other osteopaths who've had experience, and say, oh I found this really good. That can work really well, and for me, that's not too time-consuming, 'cause it's kind of part of my job. But I do know of other people who have shut down groups, they've ended up with 4,000 people in them, they can't really monitor it.

APM: Can you restrict the catchment area, though, can't you? So you can say I'm only interested in people within 30 miles of my clinic, or 15 miles of my clinic?

GW: Do you know, I'm not sure if you can or not. I mean they'll ask to join, and so you're either the admin who says whether they can or they can't, or it's a free-for-all and it's public and everyone can jump in.

APM: Video.

GW: Video is king.

APM: What should we be doing then? If I, I relish, I revel in our status within The Academy of Physical Medicine, 'cause we've got piles of cameras, lots of lighting, backdrops, editing suites, and all the rest of it, so actually we can do really clever stuff against green screens with our films and so on, but the average practitioner, your avatar, the average practitioner doesn't have all this, so what can they do in terms of video? What should they be doing?

GW: I feel they can pop around to yours.

APM: Well they can if they're members, they're entitled, we'll help produce a video for their website if they want to, free of charge.

GW: Fantastic.

APM: But they have to come to us, we don't go to them for that.

GW: You know what, because again, it's social media, it's low-key, you can just use your phone. Just use your phone.

APM: That way around.

GW: That way around. And you know, show us, what are you showing us all day long?

APM: I better explain that, hadn't I? I don't mean that way around as opposed to that way around, I mean landscape not portrait. Just to be quite clear on that.

GW: You know, demonstrating stuff to us, either get yourself a model, get yourself someone who will allow you to move them around, or just show us yourself. You know, exercises for me to do.

APM: You know one that went really well, was when we were on holiday, Claire treated a camel, so we just filmed Claire treating a camel on an iPhone.

GW: Why haven't I seen it?

APM: It was great fun, yeah. Yeah, loads of people like it, of course, it has nothing to do with what we do in clinic.

GW: Post that again and again.

APM: Okay, so video is king. And when you post a video, what does Facebook do with it? Does it automatically play it when people have their page open, or is it one of those things when you hover over it, it plays, but there's no noise unless you click?

GW: That's right yeah, so you'll see it in the newsfeed. So if you think, oh yes, that's interesting, you can click it to hear the sound. And Facebook show video to more people, so that is why it's king.

APM: Yeah, and of course, they do it because people love video, so people see a moving image, they're much more likely to settle on it.

GW: I was just going through my newsfeed earlier, and it was just one video after another after another.

APM: The other thing I believe is important is if you post a video which has informative content, it's worth having captions on it.

GW: It is, yeah, it's worth doing.

APM: Because if people keep the sound off, and this probably applies to YouTube, as well, doesn't it, particularly to YouTube, put some captions on it, and then people don't



necessarily have to turn the sound up to hear it, they can hear what you're saying. How do you do the captions?

GW: There's a tool on Facebook, which I couldn't explain how to do now, but you can do it on Facebook. So it will come up with what it thinks you've said, which will probably be largely gobbledygook, and then you just correct it, but it will, yeah.

APM: That's what happened with that email that went out earlier this evening, it was captioned automatically. I had a bit of a mind fart on the computer earlier. There is also, there's a service called rev.com, R-E-V .com and if you sign up to them, they charge a dollar per minute to create subtitles or captions for your videos, and they are very, very accurate, and they'll turn it around within 24, 48 hours, and then if you're posting this via Facebook or by any of the other platforms, you can just upload the file to the platform, and the captions will automatically appear, which is pretty clever.

GW: Oooh, I'm gonna take that tip away with me.

APM: Oh they're great, they're very, very good. We've started captioning all our videos now, and the accuracy has been quite astonishing, considering the sort of language that we use on a lot of our broadcasts, which is very medical, very technical sometimes, yeah, they've been very, very good indeed. Now turning back to my questions here before I dominate the airwaves again. Next question is, what about blogging? Oh yes, Penny Sawell who writes Osteofm, Penny was almost, she was gonna come in this evening, but she couldn't make it. She's been looking forward,

GW: I would love to meet her.

APM: Yes, she's been looking forward to meeting you, and I was hoping she'd be here this evening, but she's gonna come to one of our broadcasts, so that she can see how we go about things.

GW: She writes fantastic stuff.

APM: But she does write some really good stuff. I have to say that, 'cause she wrote about our advertising standards. She blogs for osteopaths, not for patients, but she's still very interesting. But what about blogging for patients?

GW: Yeah, that's I mean I've built my business on social media and blogging. I've spent very, very little anywhere else, doing anything else. Blogging's a great way of showing your expertise, but again, it's keeping that medical jargon out, so you don't bamboozle people, so that they've no idea what on Earth you're talking about. So it's good for your website, because your website needs to have new content on it regularly, otherwise Google starts shoving it down the list, they think it's dead, so it's crucial to have. I blog every Tuesday, you don't have to do it that often, I'm a bit prolific and verbose. But you can do three to 500 words, have a keyword, so it might be pain or something, use that two, three times within the text, have a heading with it in. You can have a simple plug-in, if you've got a Wordpress website, which I highly recommend, a simple plug-in called Yoast, which is Y-O-A-S-T, and that will help you with a traffic light system get to green, so that Google might, as has happened to me before when I've been searching for something, bring up a blog.

APM: And Yoast is about search engine optimization, isn't it, hence the traffic lights. If you get it right, then they'll tell you you're green, and they'll give you advice if your post is falling below. In those posts, it's often said that when you write marketing material, you should be using the words you and your at least three times as often

as you say I and my and our and things like that, because you want it to be seen from the customer's point of view, your avatar's point of view, would that apply to blogs as well? Or are they meant to be about you, the writer of the blog?

GW: I think it doesn't matter, personally, I haven't ever sort of read anything that's made me think one way's better than another way. Sometimes I write about when we are marketing, so I'm not sounding quite so preachy. So it depends what tone you're trying to get.

APM: And I suppose that you, like us, have to be seen as an authority in a particular subject area so you could talk about your problems being social media, your problems with the time to manage Facebook, and so on, but you'd also want to say, well, my solution would be, something along those lines.

GW: Yeah, give some tips.

APM: That would apply to somebody talking about pain as well, when you may be trouble having doing this, but here's what we could offer, here's how I dealt with a patient in a similar situation.

GW: Yeah, an example's a good idea.

APM: Jace here says, I use Instagram, too, it's easy to make a short video. If it's interesting, people will still look, and possibly hit the link to your website. And MailChimp is free for up to 2,000 emails, I'm not sure what that means.

GW: That's separate, yeah.

APM: MailChimp is a very useful platform, I don't use it myself.

GW: For e-newsletters, yeah, it's fantastic.

APM: So worth looking at MailChimp, how would you do that then, how do we make best use of MailChimp?

GW: Well I think it's crucial to keep in touch with your patient list, at least six-monthly as a minimum, maybe quarterly. But just to be top of mind, you know, if your email pops up in their inbox, I mean, for instance, I hobbled around for many months, pain in my hip, and decided it was because I'd carried around too many heavy boys, and that was that. And then after a few months, I thought, wait a minute, what am I doing, why don't I go and see Anne? And sure enough, she resolved it. But had I received an email in that time, it might have prompted me, are you putting up with niggling pain, oh I am. And I would've maybe gone earlier, you know you can use a blog as part of the content for that, you can have a little tip, you can make a nice meme with a tip on it, something seasonal, maybe, you know when people start going out and gardening like crazy things, and wrecking their backs, and tips, and things like that, so you can plan them out for the year.

APM: You said a weird thing then, you said create a meme with a tip on it.

GW: Oh sorry.

APM: And you mentioned memes earlier on, but certainly for me you need to elaborate on what you mean by create a meme.

GW: Okay, so like the love your body slide that we had earlier, that's a meme, basically. So it's a picture with text on usually. So it stops people in their tracks to have a look what's being talked about.

APM: Jace sends in another message here, saying that he also sends emails to already existing patients, a short, somebody's moving my questions again, it's gone. Well Jace sent something really interesting in there, and I can't find it, here it is. Short newsletter is very simple to put together, and exciting patients will still either read or pass on interesting, that's a good one, too, isn't it, because if it's useful information, they'll send it on to their families and so on. And he posts information on back and shoulder problems, do exercise and nutrition tips, and it generally works, well that's really useful to hear Jace, thank you, 'cause it's a reminder that actually your existing customer list is probably, well, they're gonna be loyal to you if you keep in touch with them, and you don't want to lose them and have to find new customers to make up for the ones you've lost.

GW: No, you must nurture the ones you've got, just keeps you top of mind, as I said, and you know you can always just ask them, if you know anyone who's putting up with pain, why not forward the email to them?

APM: A question for Jace, though, what sort of videos are you posting? Could you give us you an idea of how you come up with the ideas, how you do it, how long they are? Just not War and Peace, just a couple of topics, perhaps, just so that people got an idea of what's working for you. Someone says here that they found that reposting the same material has people that have seen it before either hiding the post, or hiding all posts.

GW: So you need to have a bit more content, I would say.

APM: Or not repost too frequently, Yeah, so lots more in between the reposts, yeah, to make it worthwhile for them. Bob has sent in, I think we did address this, but Bob says he's worried about negative or abusive comments on social media, and what's the best way to control that. We talked about that a little bit with Fiona's comments earlier on, but your thoughts?

GW: You can't really control it. I think I expect the best of people, so I don't imagine people would do that.

APM: I think we worry too much about it.

GW: Yeah, yeah, say don't worry so much, just put some really good quality content out there that gets people saying, wow, I didn't know that, or that's fantastic, or I'm gonna try that. Someone did a video this week of a standing-up exercise, and I thought, oh, I really like that, and I was following along in Osteobiz HQ, I thought that is a great one. If you're giving really great advice and great tips, quick and easy things for us to do.

APM: Here's a good one about tips, actually, from someone who's actually joined the broadcast a bit late, but we haven't dealt with this. He asks, or she asks, have you got any tips on building up likes, to which I would add, is that important, building up likes, 'cause I seem to recall that likes are a bit overrated.

GW: No, that's what you're looking for, that's how many people like your page, so you want more, you obviously want quality ones, you don't want people from America liking your page, 'cause that's pointless, but you can do a simple Facebook ad where you target maybe up to five miles around you, and I would suggest, targeting

that down to a certain age group, again, knowing who your perfect patient is, you want to attract, so that that gets put in front of more of the right kind of people for you. So if you want sporty people, then you know, get the age group right, and just do it as a simple likes page, put a pound a day behind it for a month, 30 quid, and you may well increase your likes so you've got more people to get in front of and post useful stuff for.

APM: I've got loads of questions here, I'm running out of space on this pad here of questions that I've got. We were going to deliver, you were going to deliver six key things to our audience this evening, how are we doing on these things, have we covered any of them yet?

GW: Well social media, consistently posting on social media was one of the ones. Not just throwing 10 things on in one day, and then doing nothing for two months, because that's just very confusing. Be yourself. Be an expert in health and well-being, but avoid being sort of cold and professional, which is a mistake a lot of people try and make. So you know, of course you're an expert, you're a specialist, but still be personable. Ask for testimonials is another one, because that's social proof, that's what other people think about you.

APM: And it's actually a very good idea, and I wish I could say that we implement this ourselves, a really good idea to ask for them at the clinic, and have someone film them on their iPhone, that way around, and you can post them immediately, can't you?

GW: Yeah, if they're willing, that's the very best way.

APM: You don't need to put them under pressure, just say, when, the number of times people come through to reception and say, oh my god, I feel so much better, you think, while you're in that frame of mind, how would you mind saying that to a wider audience? And that's a useful thing to do, isn't it?

GW: Equally, I've made a testimonial template that says, how did you feel before, how did you feel after, and the difference that osteopathy's made to me, and you can just print out and stick on reception if they're just willing to write something while they're paying maybe.

APM: Okay, so we've got three things you went through there, I think, the remaining three, have we covered those? Just to make sure we've got these six pillars in place.

GW: Yeah, really understand your target market was one of the key ones. Automating posts, we mentioned about Buffer and Hootsuite, so that just takes the pressure off you, and makes sure you are posting consistently, and the key thing with that is knowing when your target audience are online. But Facebook's got insights at the top of the page, so you can check when they tend to be, often it's quite early, and quite late, and lunch times. And the sixth one is to drive traffic, people, to your website, that's crucial.

APM: Okay, now that sounds very, very easy, how do we do it?

GW: URL of your website.

APM: Have to have a reason to click it, though, haven't they?

GW: Yes, so you could say, so it might be a blog. So the blog is on your website, when you put the link on the Facebook post, it will throw up the picture you've used,

always use an image with your blogs, it's more interesting, and then the link will take them back to the exact blog. So if you're saying, find out why I'm passionate about osteopathy, or chiropractic, or whatever, then send them exactly to the about me page, not just to the generic homepage.

APM: That's more irritating, isn't it?

GW: Yeah, don't make people look around for what it was they suddenly thought they'd have a look at, so just take them straight there.

APM: And Bob actually sends in another question asking what type of website we should have, 'cause you did say this earlier on, but particularly where blogging is concerned, you said Wordpress is really, really easy to use, isn't it?

GW: Wordpress is fantastic. I update, change my website all the time, and it's not that difficult if you can wrestle control off your designer.

APM: Here's one from Claire in Oswestry, she says, I'm sure, I think I've met Claire in Oswestry, I think when I went out there a year ago.

GW: I'm from Shrewsbury Claire, up the road.

APM: Is there any way to nudge people who you've invited to like your page, and haven't taken that up? Thank you for that Claire.

GW: No.

APM: Really?

GW: They've chosen not to, or they've just ignored it.

APM: Most people just forget, though, don't they? You ask them to, and they don't get around to it. Presumably, if you've got their email address, you could say hi, how are you, remember me, here's my Facebook page.

GW: I've got a poster actually that I suggest you put up in the waiting area, or on the inside of the treatment room, that says please like our Facebook page, because we want to help more people like you, and it spreads the word, so same as testimonials.

APM: That's key as well, isn't it? I know a lot of osteopaths, and I can't speak for chiropractors, but I know a lot of osteopaths resist the idea of marketing, 'cause they think it's hard sell. And it changed my thinking about this when somebody pointed out to me that actually if you don't tell people that you can help them out of their pain, or whatever their problem is, then actually you're selling them short.

GW: Yeah, that's what I say actually a lot. I say if you don't get your message out to your community, how you can help them back to health, then you're doing them a disservice, and that gets everyone going. Because when you put, when you spin it around and say it's not about you, it's about them, and you're letting them down, then they're horrified, so then you don't feel like selling. You're just literally educating and informing.

APM: I've got a lovely point here, it says, I don't agree with that, I work in Bristol, and have people coming to me from Snowdonia regularly, and from Switzerland once a year. I

have no idea what it is they don't agree with, but the question came in some time ago, and I'm not sure what it was.

GW: I think it was just keeping the area,

APM: Oh, keeping the area tight.

GW: Local. But that's fantastic, no you know, if they're coming further afield, that's you know--

APM: And that reflects knowing your target audience, doesn't it, because if you're going to pay for advertising, you probably don't want to advertise to Switzerland. Because getting one patient a year wouldn't pay for the advertising, but if you're paying for it, then you can keep it tight. If you're just posting generally, it doesn't matter. I'm gonna ask this question because no one else has yet, what about paid traffic on Facebook? By which I mean Facebook ads.

GW: I think they have a place, I think if you don't know what you're doing, you can end up throwing a lot of money at them.

APM: Do you know what you're doing with Facebook ads?

GW: Just about.

APM: That's a serious question because you make it sound there as though you didn't have an opinion, but I know you do. And I know you're really good with Facebook, so as you say, it's very easy to throw a lot of money into Facebook ads, or Google pay per click, you know what I mean, Google Adwords. It's also easy to control that spend, but there's no point in controlling if you're not getting results, 'cause what counts is the return on the investment. So you can't, I'm imagining you can't teach someone how to use Facebook ads in the space of the time we have to available this evening.

GW: No. The thing is again knowing who you're targeting, so you can keep that really tight. What I like about Facebook ads as opposed to Google Adwords is that Google Adwords is more reactive, so people have found you and had a look and clicked through to your website. If it's a poor website, then that's a waste of time, as well.

APM: Oh I see what you mean, people have actually searched for you on Google.

GW: For something.

APM: And you've popped up in the top three on the page or whatever, whereas on Facebook, they come across you as part of their feed.

GW: You're targeting them directly. So I quite like the proactive point of view.

APM: And with Facebook ads, like Google pay per click, literally, you pay per click on your advert, don't you? But how can you narrow that audience to just the people you're interested in?

GW: On?

APM: On Facebook, not on Google.



GW: There's so many parameters. You can choose age, distance, what they like to read, you can tighten it right down. The fact that they've been a member of sports groups, and so on and so forth.

APM: And you can say only five miles from this post code, or 10 miles or you can set the distance yourself, can't you?

GW: So in the country, you'd probably make it 10, because people will drive further, but in the town, you'd make it five maximum.

APM: And how do you stop yourself waking up on Tuesday morning to find that you've just spent 5,000 pounds on pay per click on Facebook.

GW: You give it a limit, give it a limit, and also write it in the diary to double check yourself, but give it a limit. What I do on mine is actually also have an ultimate limit, so once I get to, say, 50 quid, it stops delivering.

APM: So what was the other limit?

GW: How much you're gonna spend on that campaign. So you might, say I was suggested putting a pound a day behind an ad for a month, then that's 30 quid.

APM: Okay, so can you specify how much you spend per day on Facebook ads?

GW: Yeah.

APM: Right, and you can limit those ads to going out at the times that you want them to go out?

GW: It's better to let Facebook do that.

APM: Really?

GW: They put them out, yeah, they know when that audience is online.

APM: But Facebook's interest is in maximizing its revenue, isn't it?

GW: Yeah, but they've gotta deliver, as well. And this is a massive, massive arm of their business.

APM: So we can specify the age, the sex, the interests, the jobs, the location of our audience, and on Facebook ads you can set your daily spend, you can set the overall spend for a campaign, you can have multiple campaigns with different images. Are they hard to set up?

GW: No, not really, if I can do it.

APM: You've been doing it for a long time, Gilly, so.

GW: Well, a little while. Yeah, once you've got that sussed, yeah.

APM: If someone could use your services, is it your aim that you'll hook 'em in, and say, well I'm gonna run your Facebook ads forever now, or--

GW: No, no, no. I don't run anything for them, I teach them how to do stuff, and I'm always there with help, I've got stock, but no, I teach them how to do it.

APM: Oh my word, look at all these questions. Right, so I'm gonna have to run through these four. What about Facebook Live? That's the hot topic of the month isn't it? Is it worth doing, or do we all just look like terrible wannabe TV presenters? He says, grinning at the camera. This is going out on Facebook Live, in case you didn't know, cause I know there are not many people watching Facebook Live, watching us on Facebook Live at the moment, but there are five people now watching us on Facebook Live, well done to them, if other people prefer to use Facebook, than that could be your choice next time. But is Facebook Live a good thing for an osteopath, or a chiropractor, wanting to publicize their practice.

GW: It can be, I mean you'd probably feel more comfortable recording it, and then saying, yep, that'll do. I mean don't get it perfect, get it done, is my motto, 'cause some people will procrastinate for hours, and do it 10 times, and then not post it. But Facebook Live, yes, if you've got the confidence, you can do it, I mean stick a post-it note next to the camera with three key things you wanted to get across, so that you remember. And go for it. And I always say, you're only ever talking to one person.

APM: Ah yes.

GW: You're not broadcasting, I'm only talking to Simon right now.

APM: Are you?

GW: Yeah, he liked my page yesterday, and said he was gonna sign up, I said, I'll talk to you Simon, so I'm talking to him.

APM: It's like that old technique, you always imagine your audience is naked, isn't it? Unless you're talking to children, that's bad.

GW: Yeah, don't do that. But if you just think you're talking to one person, your next patient, if you're just talking to your next patient, you know, the reptile brain calms down, and it's all good.

APM: The Facebook Live question is quite an interesting one, because my clinic does run its own Facebook Live every Thursday, we have a thing called In Bed with Badger. Badger is the practice labrador.

GW: I'm glad you cleared that up.

APM: Badger takes part in this, I mean, he's not a vocal contributor to the Facebook Live, but he takes part in this thing on his little red blanket with Claire, the clinic director. And God knows what they talk about, because I'm not allowed in, but they go out live with various things of interest to our local community, and it's got quite a following in the local community, because everyone loves the labradors.

GW: Yeah, that's fantastic.

APM: And Claire would be the first to admit that she, it's not scripted, it's completely made up, ad-libbed throughout, and it lasts, I think, four, five, maybe 10 minutes sometimes. But it's popular, because it's a genuine person talking to the camera, not sounding like they're an advertising executive or something like that, so it's a really good thing to do. What about a YouTube channel, asks one of our viewers.

GW: They can be good, as well. YouTube is owned by Google, so it's the second largest search engine in the world. If you've been making loads of videos, then why not

open up a channel? 'Cause it might be that that gets found in a search for something.

APM: I haven't seen Jace's response to the sort of videos that he's putting out, I think it was Jace earlier on, if one of the team knows where that it is, could they flag it up and put it at the top of my list, please.

GW: Basically, it's keeping the videos reasonably short now, so a couple of minutes is good.

APM: It's so tempting to go on longer, and longer, and longer, isn't it, but people's attention, unless it's really funny or engaging in some way. How do you link your Facebook posts, blog, and tweet together so you don't end up saying the same thing each time, or I should add to that, do you say the same thing in all of them?

GW: I tend to, actually. Some others say you shouldn't, and you should change each post to fit the platform, because they are different. I tend not to, actually. I know who I'm talking to, so I think it doesn't matter which platform they spot me on, I'm still getting the same message across. They say you don't get such a good reach on a post, if you say, you post it on LinkedIn and say I'll tweet it, as well, so you can send them both out together. They say it's better to post it directly onto the platform to get the best results.

APM: Long one, it's anonymous, anonymous and ashamed says the person who sent it in. A while back, soon after setting up a Facebook business page, I naively accepted an offer at some cost from a nefarious company to get me lots of likes. As I was told, oh crikey, I can see where this is going, as I was told that this would give my Facebook page some clout on Google's natural listing for searches for osteopaths and so on, and it didn't. And I've now two and a half thousand likes from people all over the world who don't know me, and probably only 100 organic likes. Should I just start again?

GW: Yeah, I think you should. That's a, I think they call 'em likes farms, out in India, that happens a lot.

APM: And presumably the search engines recognise this. If you're a local business, then they're gonna recognise that these things are not connected to you.

GW: Well, this is on Facebook, so I don't think that's gonna affect any search engine stuff, but it just means that you're marketing to pointless people basically, who are literally they just spend all day doing that. Yeah, probably start again.

APM: What's the evidence of the success of any of the methods we've been talking about compared to more traditional methods, and that comes from Jason, and by traditional methods, I'm guessing that he must mean print ads, or perhaps, simply word of mouth.

GW: And leaflets.

APM: And leaflets.

GW: Because, you know, we've got an online world and an offline world now that's really busy, we've got Google where we can search for anything we want, I think there's less people buying newspapers, but not scanning the classifieds, we're generally just picking through what's the local news. And I think they don't really work. I mean I do get so many people coming to me saying, oh, I've been advertising every

month, or every week for years, and it's not working. Or they say, oh I've done so many leaflet drops, and nothing's happened, and I'm like, no, 'cause it's not targeted, so because we're all bombarded with so much information, like I was saying earlier, we need to filter it out, so every day I scoop up a whole bunch of leaflets off my mat straight into recycling. If I want something, I'll go and look for it, and I'll ask for a recommendation. I think they generally don't work. There are occasions, some people say to me, well it works for me, well if it works for you, that's fine, but don't spend thousands of pounds on something that doesn't work.

APM: The key there is you've gotta know whether it works, haven't you, which means you've gotta measure the return on this investment. If you spend 4,000 pounds on leaflets and you get 8,000 pounds worth of business, then it's worked. Maybe that's if you were making that much in profit, in which case, it may be worth doing it again. But if you spend 4,000 pounds on Facebook ads, and you get 10,000 pounds in business, maybe you want to do more of the Facebook ads. I'm not saying, I wouldn't say you should do, just say, well, just do only one thing, there's probably a time and a place for all these different strategies.

GW: It's just you've got limited time and money and energy you can put into these things, so the things that are working quicker, you might as well engage with, and you know, save your money on, sort of, the older methods.

APM: Right, now I've got, there was an interesting one, somebody wants to know about your own courses. Someone wants to know how much your courses are. Now we were going to talk about those a bit at the end of this, anyway, because I know you've got an offer for people who are watching this evening. Not just osteopaths, even though it's called Osteobiz. What courses do you run, and how much are they?

GW: So basically I've got online courses that you can do in your own time, the same as your type of thing. So I've got a subscription-based one, which is currently 10 pounds a month. My own business coach told me to put that up, so be quick if you want to get in there, 'cause new ones will have to pay the 15. We have just one topic a month, it's quite low-key, there's a group on Facebook, so people can pop up and say, Gilly, I'm stuck with this, can you give me some advice? If you're really struggling, that is the best option, because we tackle one topic a month, you know, it might be social media marketing one month, and websites another month. And then I've got Osteobiz whiz, which is sort of medium one for really sorting out social media marketing. And then I've got a major one called Osteobiz blueprint, which has got the sort of key areas that we need to be implementing within a practice to really get it working hard, and successful, and that works fantastically well, and that's 997 that one.

APM: Brilliant, I don't know if you realize this, but we've actually come to our end of our scheduled time, already, which I'm astonished at. So any questions that I haven't asked or answered this evening, then we will get those answered by Gilly at some point.

GW: That should keep me busy.

APM: Well yes, but isn't your interest to help us out some, isn't it? And there's a couple of things that I've got here that a lot of people have sent in their thanks to you Gilly, and there's some people here, Claire in Oswestry says, yes you like her page, and yes we've been chatting lately, she sends a big smiley face in. Someone else has said how much they love what you've been talking about this evening, and how important it is. Someone's asked me to give a shout out for the lovely, friendly

osteopathy group on Facebook, Osteopathy Discussion Forum, probably one of the nicest groups on Facebook, so Osteopathy Discussion Forum, I don't know if that's closed only to osteopaths, or that chiropractors can join, but even if it is closed, then I'm sure there is a chiropractic group. So really good stuff. Oh gosh, there are so many questions I haven't had the chance to ask. I'll have to close. Thank you Gilly, that's been, God, what a brain dump that's been this evening. Hopefully, well maybe we'll get you back again, so that we can do the other half of the social media part of marketing. Thank you again.

GW: Pleasure.

APM: It's been great to have you in here this evening. So that's all I've got for you this evening, sorry I've run on a little bit longer. I hope you've enjoyed it, I know I have, and I know I've learned a hell of a lot about social media. Thanks for watching and see you again in two weeks time.